

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. Serial No. : 10/590,435 Confirmation No.: 1436
Applicant(s) : FRASER, Paul *et al.*
Filing Date : 08/23/2006
Title : Inhibitors of Amyloid Fibril Formation and Uses Thereof
TC./A.U. : 1649
Examiner : BALLARD, Kimberly
Docket No. : 090931-380575 (T01367-0037-US)
Customer No. : 027155

INFORMATION DISCLOSURE STATEMENT

Mail Stop **Amendment**
Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

Dear Sir:

In response, Applicant(s) submit(s) herewith the following documents:

- ☐ Transmittal Form PTO/SB/21 (* page(s))
- ☐ Fee Transmittal Form PTO/SB/17 (* page(s))
- ☒ Form PTO/SB/08a (1 page(s))
- ☒ Form PTO/SB/08b (3 page(s))

Pursuant to the Applicants' duty of disclosure, the Applicants' submit for consideration in the above-identified application the documents listed on the attached Form PTO/SB/08a and PTO/SB/08b. Copies of the non-patent literature are also submitted herewith. The Examiner is requested to make these documents of record.

Some of the documents listed on the attached Form PTO/SB/08a were cited in an International Search Report made by the European Patent Office, and directed to counterpart International Patent Application No. PCT/CA2005/000247. A copy of the International Search Report is enclosed as well.

The Applicants would appreciate the Examiner initialling and returning the Form PTO/SB/08a and Form PTO/SB/8b, indicating that the information has been considered and made of record herein.

The information contained in this Information Disclosure Statement is not to be construed as a representation that: (i) a complete search has been made; (ii) additional information material to the examination of this application does not exist; (iii) the information, protocols, results and the like reported by third parties are accurate or enabling; or, (iv) the above information constitutes prior art to the subject invention.

It is not believed that any fee is required in connection with the filing of this Information Disclosure Statement.


The Commissioner is hereby authorized to charge any deficiency in fees which may be required, or credit any overpayment to Deposit Account No. **15-0633** in the name of McCarthy Tétrault.

Should the Office require more information, please contact the undersigned.

Respectfully submitted,
MCCARTHY TÉTRAULT LLP

Dated: September 4, 2009

By: _____


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